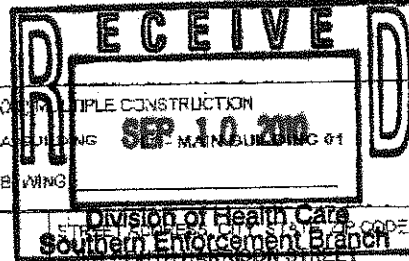


Sec. 2. 2010 3:06PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 09/02/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185267	(X2) DATE SURVEY COMPLETED 08/18/2010
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NAME OF PROVIDER OR SUPPLIER

CEDARS OF LEBANON NURSING CENTER

LEBANON, KY 40033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
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K 000

INITIAL COMMENTS

K 000

A life safety code survey was initiated and concluded on August 18, 2010, for compliance with Title 42, Code of Federal Regulations, §483.70. The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.

Deficiencies were cited with the highest deficiency identified at "I" level.

K 025

NFPA 101 LIFE SAFETY CODE STANDARD

K 025

SS=E

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by: Based on interview, the facility failed to utilize proper access doors in the fire/smoke wall assembly in the attic area. This deficient practice affected two (2) of five (5) smoke compartments, staff, and approximately forty (40) residents. The facility has the capacity for 81 beds with a census of 79 on the day of the survey.

The findings include:

The Life Safety Code survey on August 18, 2010,

K - 025

1. Since it was deemed that access to the areas mentioned was not needed or required at this time the "Make shift" access was sealed with 5/8" 1/2 hour fire rated material. (See Exhibit # 29, Work order)

2. After evaluation by the IDT, a determination was made that all residents in the facility had the potential to be affected by this tag.

3. Exterior access was gained by means of establishing an outside entrance located in the gable ends. The entrances were constructed of fire rated materials providing a 1/2 hour barrier. (See Exhibit # 30, Construct access doors) Inspections of the exterior entrances to attic area were added to monthly inspection logs.

4. All Fire barrier monitors will be presented and discussed monthly. In addition the Administrator will review and monitor logs for the period of 1 month until 100% compliance x 30 has been achieved by maintenance monitoring. (See Exhibit # 31, Quality monitor for Maintenance and Admin). Quality Assurance Committee Meetings

10/02/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

Rebecca Eastman

Administrator

09/10/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Sep. 2. 2010 9:07PM

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FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		[X1] PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185257		[X2] MULTIPLE CONSTRUCTION A. BUILDING 01 MAIN BUILDING 01 B. WING _____		[X3] DATE SURVEY COMPLETED 08/18/2010	
NAME OF PROVIDER OR SUPPLIER CEDARS OF LEBANON NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 337 SOUTH HARRISON STREET LEBANON, KY 40033			
[X4] ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 025	Continued From page 1 at 9:30 a.m., with the Director of Maintenance revealed the facility had one unapproved makeshift door in the half-hour rated fire/smoke barrier wall in the attic area. This type of access door is required to be of an approved device that is designed for the specific purpose to help prevent fire/smoke from spreading to other areas of the building in a fire situation. An interview with the Director of Maintenance on August 18, 2010, at 9:30 a.m., revealed the Director of Maintenance had not been made aware in the past that this access door was deficient. Reference: NFPA 101 (2000 Edition). 6.2.3.2.3.1 Every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. The fire protection rating for opening protectives shall be as follows: (3) 1/2-hour fire barrier - 20-minute fire protection rating (1) 2-hour fire barrier - 1 1/2-hour fire protection rating (2) 1-hour fire barrier - 1-hour fire protection rating where used for vertical openings or exit enclosures, or 3/4-hour fire protection rating where used for other than vertical openings or exit enclosures, unless a lesser fire protection rating is specified by Chapter 7 or Chapters 11 through 42			K 025			
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.			K 144			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID ZKSW21

Facility ID 100325

If continuation sheet Page 2 of 4

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185267	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/18/2010
NAME OF PROVIDER OR SUPPLIER CEDARS OF LEBANON NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 337 SOUTH HARRISON STREET LEBANON, KY 40033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 144	Continued From page 2 This STANDARD is not met as evidenced by. Based on observation and interview, the facility failed to maintain the emergency generator as required. This deficient practice affected five (5) of five (5) smoke compartments, staff, and all of the residents. The facility has the capacity for 81 beds with a census of 79 on the day of the survey. The findings include: During the Life Safety Code survey on August 18, 2010, at 10:25 a.m., observation at the generator room revealed the generator battery was not connected to a battery charger. An interview with the Director of Maintenance revealed the generator battery was not connected to a permanent battery charger as required. The battery must be fully maintained to start the generator in case of an electrical power failure at the facility. The Director of Maintenance stated the battery is manually connected to a battery charger when the battery needs charging. The Director of Maintenance was not aware the generator battery is required to be permanently connected to a battery charger. 5-12.6 The starting battery units shall be located as close as practicable to the prime mover starter to	K 144	K-144 1. The facility battery charger was immediately connected to the battery that provides support power to the generator battery. The battery and charger was found to be fully functioning condition. This was utilized until a permanent solution was developed. 2. Since the generator system influences all system in the facility, it is deemed that all residents residing in the facility had the potential to be affected. 3. A more appropriate charging system was purchased. (See Exhibit # 32, work order charger) The charging system was wired to the generator per specification and inspected by a licensed electrician. 4. The charging and generator system is monitored each week and any deficiencies are documented and reported to Administrator immediately. (See Exhibit # 33, Generator monitor log).		09/02/10

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/18/2010
NAME OF PROVIDER OR SUPPLIER CEDARS OF LEBANON NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 327 SOUTH HARRISON STREET LEBANON, KY 40033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 144	Continued From page 3 minimize voltage drop. Battery cables shall be sized to minimize voltage drop in accordance with the manufacturer's recommendations and accepted engineering practices. Battery charger output wiring shall be permanently connected. Connections shall not be made at the battery terminals.	K 144			

Exhibit 29

INTRAFACILITY REQUEST FOR REPAIRS OR ALTERATIONS

Fac. # _____

INSTRUCTIONS: This form is to be filled out in duplicate by the Supervisor of the department making the request. Both requisitions should then be sent to the Director of Maintenance.

Date 8/20/10

Location Railroad Attic

Requested by Robbie Eastman

NATURE OF REQUEST (explain fully) Seal current access panel in fire wall permanently. Make use of materials to meet code

Approved Robbie Eastman
Director of Maintenance

Labor _____ Hrs. _____ Min. _____ \$ _____

Date completed _____ Completed by Long Wadsworth Material: _____

☐ Routine ☐ Critical

Total \$ _____

For Use By Facility Maintenance Department

Itemized list of material used for repairs.

1004 (4/89)

Exhibit 30

INTRAFACILITY REQUEST FOR REPAIRS OR ALTERATIONS

Fac. # _____

INSTRUCTIONS: This form is to be filled out in duplicate by the Supervisor of the department making the request. Both requisitions should then be sent to the Director of Maintenance.

Date 8/25/10 Location Paddy Hall Outside Requested by Robert Eastman
 NATURE OF REQUEST (explain fully) Construct Access doors to the office on Paddy Hall
from outside of Gabled ends.

Approved Robert Eastman Labor _____ Hrs. _____ Min. _____ \$ _____
Director of Maintenance
 Date completed _____ Completed by Tom Winters Material _____
☐ Routine ☐ Critical Total \$ _____

For Use By Facility Maintenance Department

Itemized list of material used for repairs.

1004 (4/89)

HAZARDOUS AREAS SURVEILLANCE 2009

VILLAGE OF LEBANON / COL	JANUARY	APRIL	JULY	OCTOBER
DATE:				
INITIALS:				
BOILER AND FUEL-FIRED HEATER ROOMS				
LAUNDRY ROOMS				
MAINTENANCE SHOPS				
LOCER ROOMS				
DIETARY				
SOILED LINEN ROOMS				
COMBUSTIBLE STORAGE (OVER 50 SQ FT)				
OXYGEN STORAGE				
TRASH ROOMS (UTILITY ROOMS)				
PARTITIONS, CEILINGS AND DOORS - RATED 1-HR FIRE RESISTANT. (NON-SPRINKLERED)				
PARTITIONS, CEILINGS AND DOORS - SMOKE RESISTANT (SPRINKLERED)				
DOORS W/ SELF OR AUTOMATIC CLOSE SYSTEM FUNCTIONAL				
DOORS CLOSE PROPERLY AND LATCH POSITIVELY				
FIRE AND SMOKE BARRIERS INTACT				
LIST OF REPAIRS / OTHER	NOTES:			

Exhibit 31

Fac. # 00

Date 8/20/10 Location Baile Room Requested by Public Father
NATURE OF REQUEST (explain fully) Battery charger to be permanently mounted/affixed

Date 8/20/10 Requested by Kathie Foster
Location Bailey Room
NATURE OF REQUEST (explain fully) Battery charger to be permanently mounted/added to generator ~~house~~

Approved Robert T. Hanna Director of Maintenance

Date completed _____

Labor _____ Hrs. _____ Min. _____ \$ _____

Completed by Edward W. Kelly Material: _____

Total \$

☐ Routine ☐ Critical

For Use By Facility Maintenance Department

Itemized list of material used for repairs.

1004 (4/89)

MONTH: _____	YEAR: _____	WEEK	1	2	3	4
		DATE				
W - Weekly	M- Monthly	A- Annual	INITIALS			
Disconnects labeled and accessible		W				
Generator locked and tagged out		W				
Battery disconnected		W				
Belts tight; checked for wear and alignment		W				
Oil level at proper fill		W				
Coolant level at proper fill		W				
Battery connections clean and free of corrosion		W				
Battery cells full (distilled water only)		W				
System checked for water, fuel, and oil leaks		W				
Radiator coils clean		M				
Block heater on and operating		W				
Air vents clear, free from blockage and storage		W				
Air dampers operational		W				
Clock timer working and accurate		W				
30 Minute monthly load test		W				
90 Minute annual load test		A				
Generator area free of brush / weeds		W				
Generator room free from storage		W				
Adequate supply of spare parts in stock		W				
Oil, anti-freeze, distilled water, spark plugs, etc.						
List All Repairs on Equipment Card						
List Stock Items used:						
Battery Charger functioning properly and connected to generator.		W				
Comments:						